

HEADACHE BROCHURE

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PRACTICE INFO
GOES HERE AND/OR
MAIL INFO



HEADACHES YOU ARE NOT ALONE

*"I have a headache!
My head is splitting open."
"It feels as though a machine were
grinding my head to pieces."
"I feel as though a vise were
squeezing my brain out."
"If you can't stop these headaches,
I am going to commit suicide."*

YOU ARE NOT ALONE!

In fact, more people complain about headaches than about any other physical problem. At least 90% of us have them. Almost everyone knows what a headache is. Headache is a major public health problem. It is one of the ten most common presenting symptoms in general practice and is among the prominent causes of sickness and absence from work, resulting in millions of lost working days each year. In fact, 76% of women and 57% of men have had a significant headache in the past month.

Unfortunately, despite the millions of headaches suffered, no other ailment is more misunderstood or more underestimated. Most sufferers are told that there is "nothing to find" and "nothing to fix."

IT IS NOT ALL IN YOUR HEAD!

Headaches are like many illnesses that are identified initially due to psychological causes such as epilepsy, schizophrenia, and Alzheimer Disease. Patients with frequent and disabling headaches not only suffer from the illness and its complications but from rejection and cynicism, from family and physician, discrimination and repudiation by insurance carriers and employers. Headache is generally an inherited disorder which results from changes in brain physiology.

WHAT TYPE OF HEADACHE?

Following are the major categories and types of headaches seen in most people:

MIGRAINE

Migraine is one of the most common headache conditions

Known to mankind, affecting 18% of adult population. These headaches are called vascular headaches as they are linked to changes in blood flow to the brain. There are two major types of migraine headaches: Migraine with aura, or classic migraine, and migraine without aura or common migraine.



BLOOD VESSEL ABNORMALITIES ARE A COMPONENT OF VASCULAR HEADACHES SUCH AS MIGRAINES AND CLUSTER HEADACHES

BLOOD VESSELS

Ten-20% of the people who have migraines experience an aura: They see flashes of light, blind spots, or zig-zag lines before the headache starts. Other symptoms include nausea, vomiting, tingling in the lips and face, and sensitivity to light. Attacks can last anywhere from a few hours to a full day or more.

CLUSTER HEADACHE

Cluster headaches are named after their tendency to occur in cyclical patterns, or clusters. These headaches are intense and can last for 30 minutes to one hour. Cluster headaches happen most often during the morning or late at night. Chronic smokers and those who drink alcohol are the most common sufferers of cluster headaches.

Cluster headaches generally come on with no warning whatsoever. Symptoms of a cluster headache include:

- * bloodshot eyes
- * runny nose
- * severe, stabbing pain on one side of the head, often around the eye
- * watery eyes.

The pain of these headaches is particularly intense and most people cannot perform their regular activities during one of these headaches.



Watery eye, drooping eyelid, runny nose

BACK PANEL (MAIL PANEL)

FRONT PANEL

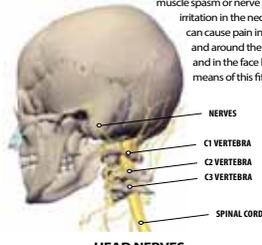
PAGE 1 PANEL

PAGE 2 PANEL

CERVICOGENIC HEADACHE

Cervicogenic headache gets its name from its origin from the neck, which is very common. Now, it is well known that there is a connection between the first three cervical nerve roots and the fifth cranial nerve in the cervical cord. So, we understand that

muscle spasm or nerve root irritation in the neck can cause pain in and around the eye and in the face by means of this fifth



HEAD NERVES

nerve, otherwise known as the trigeminal nerve.

Sometimes, the headache arising from the neck is also associated with neck, shoulder, and arm pain.

TENSION HEADACHE

Up to 90% of headaches are tension-type headaches. These headaches are usually felt as a pressure or aching pain of mild to moderate severity. They can be unilateral or bilateral and often occur in the back of the head, on the sides of the head, and around the eyes. These headaches are most frequently caused by the muscles of the jaw and neck. The temporalis muscle is frequently involved in headaches along the side of the head. It is commonly described as a tight band around the head. Muscle tension is commonly caused by trauma,

repetitive strain, misaligned jaw or neck joints, poor posture, nerve impingements, and emotional stress. Poor sleep and diet are also linked to these headaches.

As many factors can contribute to tension-type headaches, it is important that not only a thorough evaluation be done, but that contributing factors be identified and addressed. Tension-type headaches may be a trigger for



FACIAL MUSCLE

migraine headaches and unlike migraines are usually made better with physical exertion.

This is the most common type of headache. These headaches occur when muscles in the head, neck, upper back, or face are tense for a long period. A tension headache may be set off by physical, mental, or emotional stress.

Tension headaches are caused by muscle contractions around the neck, scalp and jaw. The pain is often described as a dull pressure, or as if a tight "band" is strapped around the head. Unlike migraines, which generally cause pain only on one side of the head, this type affects both sides of the head.

DRUG REBOUND HEADACHE

Drug rebound headaches are those headaches that are actually caused by the frequent use of pain killers, prescription, and over-the-counter medications. Although aspirin, Tylenol and many prescription pain killers are helpful to the occasional headache sufferer, but the overuse of these drugs can often make an existing headache worse.



CHRONIC DAILY HEADACHE

Chronic daily headache affects ten million people in this country. It affects more women than men. A few headaches per week gradually become daily, sometimes without stopping. The pain is mild to moderate, usually on both sides of the head and described as pressing, squeezing, and occasionally throbbing.

DANGEROUS HEADACHE

Remember most headaches are not signs of serious illness. Immediate medical help is advisable if headaches:

- Strike suddenly and cause severe pain
- Are accompanied by vision changes, confusion, loss of consciousness, numbness, or any similar changes
- Wake you during the night
- Become more frequent or severe
- Follow a blow to the head
- Occur with fever or a stiff neck
- Occur in children or older adults
- Repeatedly affect the same area, such as an eye or ear
- Are accompanied by convulsions.

TREATMENT TECHNIQUES

The kind of treatment you receive will largely depend on what has been found out about you and your headache. The most common element to almost all individual treatment plans will be learning:

- How to recognize early signs of headaches and avoid their occurrence
- How to avoid circumstances that can trigger your headaches or how to react to the circumstances differently
- How to change habits that can increase muscle tension and produce headaches
- How to actually reduce stress in your body by using biofeedback techniques

It is extremely important to remember that headache treatment is not passive. You should be willing to take an active role in your treatment.

MEDICATIONS FOR TREATING HEADACHES

In general, with your cooperation and consent, we must decide to approach your headache by the abortive, also known as "symptomatic" method (trying to stop a headache once it has already begun) or by the preventive method (trying to prevent the onset of the headache) by treating you daily, similar to the principle concerning the use of birth control pills. The preventive approach is most often used when the headaches are frequent and occur with regularity.

TREATING HEADACHE WITHOUT DRUGS

Even though it is a common practice to give drugs for almost all types of pain and drugs have represented the mainstay of traditional headache treatment, it is important to try to find safer and equally effective means of relieving or preventing headaches without resorting to the use of drugs.

• PSYCHOTHERAPY

It means treating the mind, but in a broad sense psychotherapy can include any method of lessening tension, anxiety, or depression.

• PHYSICAL THERAPY

Simple therapies may help relieve headache pain or prevent headaches completely. Understanding various lifting techniques and understanding how the neck functions will go a long way in helping your headache.

• INJECTION THERAPY

Various types of injections and nerve blocks have been used for management of headaches and have been proven to be successful. These include facet joint nerves blocks, epidural steroids and occipital nerve blocks.

• EXERCISE

Many patients who are joggers suggest that a headache can be aborted by jogging. Some even suggest that they have suffered far fewer headaches since taking up a regular exercise program. Regular exercise, such as jogging, lasting for fifteen to twenty minutes, four times a week, for patients who are physically fit may be helpful to both mind and body.

RADIOFREQUENCY NEUROTOMY

Another treatment option for some patients is radiofrequency neurotomy. In this treatment, a needle tip is heated with radiofrequency energy and is placed around the nerves that are causing the pain. The heat energy destroys the nerve endings and causes the pain to stop. This procedure can be done with continuous heat energy or pulsed energy. Your doctor will decide which is better for your particular situation.



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